

Exhibit C

DEPARTMENT OF CORRECTION
CITY OF NEW YORK

UOF PACKAGE

UOF ID Number 4068/20
Incident Facility: MDC

Confidential - For Use Only In Rodriguez v. City of New York et al., 20-cv-9840 (GHW)

DEF 000001

UOF ID Number: 4068/20

Incident

UOF ID Number: 4068/20
Primary Incident Type: Use of Force
Primary Incident Status: Actual
Primary UOF Type: Handheld Chemicals - OC, CS, MK-9
Secondary UOF Type: Control holds/takedown techniques
Reason For UOF: Refuse Direct Orders
Occurred Time: Aug 31 2020 6:15PM
Reported Time: Aug 31 2020 9:05PM
Reported By: A D W
HARVEY
Reported To: A D W
MASSEY
Incident Facility: MDC
Facility Area: Housing Area
Housing Area: 9S
Anticipated UOF (Call In): No

Description of Incident: AT 1815 HOURS, IN HOUSING AREA 9 SOUTH (ADULT/GP), INMATE RODRIGUEZ (SRG TRINI, ENH. REST., RED ID, ICR, CL. 30) STARTED A STILL FIRE INSIDE HIS CELL. OFFICER GALUZEVSKIY (DOA 06/19/17-ESU) RETRIEVED THE FIRE EXTINGUISHER TO PUT OUT THE FIRE, WHEN THE INMATE STOOD IN FRONT OF OFFICER GALUZEVSKIY. THE OFFICER GAVE ORDERS TO MOVE AND THE INMATE REFUSED TO COMPLY. OFFICER LEWIS (DOA 08/30/14-ESU) DEPLOYED CHEMICAL AGENT (OC) AND OFFICER WILLIAMS (DOA 06/19/17-ESU) UTILIZED CONTROL HOLDS TO APPLY RESTRAINTS. THE INMATE CEASED HIS AGGRESSION AND WAS ESCORTED OUT OF THE AREA, TERMINATING THE INCIDENT. STAFF AND INMATE INJURIES ARE PENDING. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE. VIDEO SURVEILLANCE: YES / CHEMICAL AGENT (OC) UTILIZED: YES. UPDATE: ON 09/01/20, THE FACILITY REPORTED NO STAFF OR INMATE INJURIES. THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

Edited Description of Incident: AT 1815 HOURS, IN HOUSING AREA 9 SOUTH (ADULT/GP), INMATE RODRIGUEZ (SRG TRINI, ENH. REST., RED ID, ICR, CL. 30) STARTED A STILL

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FIRE INSIDE HIS CELL. OFFICER GALUZEVSKIY (DOA 06/19/17-ESU) RETRIEVED THE FIRE EXTINGUISHER TO PUT OUT THE FIRE, WHEN THE INMATE STOOD IN FRONT OF OFFICER GALUZEVSKIY. THE OFFICER GAVE ORDERS TO MOVE AND THE INMATE REFUSED TO COMPLY. AS A RESULT, A USE OF FORCE OCCURRED WITH THE BELOW LISTED STAFF. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE. VIDEO SURVEILLANCE: YES / CHEMICAL AGENT (OC) UTILIZED: YES. UPDATE: ON 09/01/20, BASED ON MEDICAL, THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

Restraints: No

Video Captured: Yes

Incident Source: IRS

Status: Closed

Assigned Tour Commander Name: Lee Mitchell

Assigned Captain Name: Shaday Gibson

Assigned DDI Name: Tahkyia Willis

Assigned ID Supervisor Name: Ryan Rhodes

Assigned ID Investigator Name: TYLER STOFER

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: Tahkyia Willis (TWillis)

Updated Date: Sep 29 2020 3:29PM

Preventative Action: ORDERS GIVEN

Injury Class: C

DOC Age Categorization: Adult

Nunez Age Categorization: Adult

Location Description: ADULT /GP

Reason Not Approved:

Staff Participants:

- DAMIEN LEWIS
- TEMIR WILLIAMS
- ALEKSANDR GALUZEVSKIY

Inmate Participants:

UOF ID Number: 4068/20

• PETER RODRIGUEZ

Incident - Video/Audio Captured

Access Level: ID
Media Type: Video
Video/Audio Type: Stationary
Video Link: 191.49 ,191.36, 209.215, 209.206, 209.233, 209. 238, 213.252, 211.157, 211.162, 211.161 211.174, 211.165, 210.210, 191.26, 191.20, 191.22, 191.21, and 210.234
Video/Audio Start Date and Time:
Video/Audio End Date and Time:
Created By: TYLER STOFER (TStofer)
Created Date: Sep 15 2020 7:28AM
Updated Date:

Incident - Video/Audio Captured

Access Level: ID
Media Type: Video
Video/Audio Type: Handheld
Video Link: ES831201500CEMDCUOF1815UOF#4068-20.MP4
Video/Audio Start Date and Time:
Video/Audio End Date and Time:
Created By: TYLER STOFER (TStofer)
Created Date: Sep 15 2020 7:28AM
Updated Date:

Incident - Incident Event Log

Access Level: ID
Action: Complete Preliminary Review - PIC
To Status: Preliminary Review - Presumption Investigation Complete Pending Supervisor Approval
Reason Not Approved:
Created By: TYLER STOFER (TStofer)
Created Date: Sep 15 2020 7:29AM

Incident - Incident Event Log

UOF ID Number: 4068/20

Access Level: ID
Action: Approve Preliminary Review - PIC (send to DDI)
To Status: Preliminary Review - Presumption Investigation Complete
Pending DDI Approval
Reason Not Approved:
Created By: Ryan Rhodes (RRhodes)
Created Date: Sep 24 2020 2:04PM

Incident - Incident Event Log

Access Level: ID
Action: Approve Preliminary Review - PIC (close Incident)
To Status: Closed
Reason Not Approved:
Created By: Tahkyia Willis (TWillis)
Created Date: Sep 29 2020 3:49PM

Incident - Participant

Access Level: IRS Interface
Person Type: Staff
Shield #: 8106
Employee #: 478831
Book & Case #:
NYSID:
Last Name: LEWIS
First Name: DAMIEN
Assigned Facility: EMERGENCY SERVICES UNIT/ K9/GANG
INTELLIGENCE UNIT
Title Effective Date:
Date of Hire:
Date of Birth:
Date of Admission:
Length of Stay:
Age:
Classification Score:
Disassociation Reason:
Created By: IRS Interface

UOF ID Number: 4068/20

Created Date: Aug 31 2020 11:05PM
Updated By: IRS Interface
Updated Date: Sep 2 2020 2:05AM
Visitor Number:
Title: Correction Officer
Arrest No:
Indictment Docket No:
Referred to Hospital: No
Admitted to Hospital: No
Prescribed Medication: No
Participant Role: PARTICIPANT
Arrest Charge:
Arrest Date:
Court Date:
Arrest Disposition:
Notice Served:
Other Gender:
Other Race:
Other Mental Observation Facility:
Middle Name:

Incident - Participant

Access Level: IRS Interface
Person Type: Staff
Shield #: 11475
Employee #: 1343287
Book & Case #:
NYSID:
Last Name: WILLIAMS
First Name: TEMIR
Assigned Facility: OTIS BANTUM CORRECTIONAL CENTER (O.B.C.C.)
Title Effective Date:
Date of Hire:
Date of Birth:
Date of Admission:
Length of Stay:
Age:

UOF ID Number: 4068/20

Classification Score:

Disassociation Reason:

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: IRS Interface

Updated Date: Sep 2 2020 2:05AM

Visitor Number:

Title: Correction Officer

Arrest No:

Indictment Docket No:

Referred to Hospital: No

Admitted to Hospital: No

Prescribed Medication: No

Participant Role: PARTICIPANT

Arrest Charge:

Arrest Date:

Court Date:

Arrest Disposition:

Notice Served:

Other Gender:

Other Race:

Other Mental Observation Facility:

Middle Name:

Incident - Participant

Access Level: IRS Interface

Person Type: Staff

Shield #: 8957

Employee #: 1624301

Book & Case #:

NYSID:

Last Name: GALUZEVSKIY

First Name: ALEKSANDR

Assigned Facility: MILITARY LEAVE WITH PAY/SECTION 2520

Title Effective Date:

Date of Hire:

Date of Birth:

UOF ID Number: 4068/20**Date of Admission:****Length of Stay:****Age:****Classification Score:****Disassociation Reason:****Created By:**

IRS Interface

Created Date:

Aug 31 2020 11:05PM

Updated By:

IRS Interface

Updated Date:

Sep 2 2020 2:05AM

Visitor Number:**Title:**

Correction Officer

Arrest No:**Indictment Docket No:****Referred to Hospital:**

No

Admitted to Hospital:

No

Prescribed Medication:

No

Participant Role:

PARTICIPANT

Arrest Charge:**Arrest Date:****Court Date:****Arrest Disposition:****Notice Served:****Other Gender:****Other Race:****Other Mental Observation Facility:****Middle Name:****Incident - Participant****Access Level:**

IRS Interface

Person Type:

Inmate

Shield #:**Employee #:****Book & Case #:**

3491603090

NYSID:

09839298P

Last Name:

RODRIGUEZ

First Name:

PETER

UOF ID Number: 4068/20

Title Effective Date:

Date of Hire:

Date of Birth:

Date of Admission:

Length of Stay:

Age:

Gender: Male

Race: Other

Classification Score: 30

SRG: SRG

Was Inmate in Restraints Prior to UOF?: No

Disassociation Reason:

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: IRS Interface

Updated Date: Sep 2 2020 2:05AM

Visitor Number:

ICR: Yes

Parole Violator: No

Red ID: Yes

Inmate Facility: Manhattan Detention Complex

Arrest No:

Indictment Docket No:

Adolescent: No

Referred to Hospital: No

Admitted to Hospital: No

Prescribed Medication: No

Participant Role: INSTIGATOR

Arrest Charge:

Arrest Date:

Court Date:

Arrest Disposition:

Notice Served:

Other Gender:

Other Race:

Other Mental Observation Facility:

UOF ID Number: 4068/20

Middle Name:

Incident - Incident Attachment

Attachment Type: Incident Inmate Photo Form
Attachment: File: U4068-20 IncidentPhotoReport.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Lee Mitchell (LeMitchell)
Updated Date: Aug 31 2020 11:53PM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 1
Attachment: File: rod front.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)
Updated Date: Sep 1 2020 2:44AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 2
Attachment: File: rod back.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)
Updated Date: Sep 1 2020 2:44AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Inmate Voluntary Statement Form
Attachment: File: rod stat.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)

UOF ID Number: 4068/20

Updated Date: Sep 1 2020 2:45AM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (Actual, Allegation or Witness)

Attachment: File: rodriguez.pdf

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: Shaday Gibson (SGibson)

Updated Date: Sep 1 2020 2:45AM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: Tour Commander's handwritten UOF logbook entry (copy of)

Attachment: File: U4068-20 TC CALL IN PAGE.pdf

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: Lee Mitchell (LeMitchell)

Updated Date: Aug 31 2020 11:33PM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: Photos of Injured Inmates

Attachment: File: I_Inv_4435522.jpg

Comments:

Created By: IRS Interface

Created Date: Aug 31 2020 11:55PM

Updated By: IRS Interface

Updated Date: Sep 2 2020 2:05AM

Photo Type: OTHER

Access Level: IRS Interface

Other Attachment Type:

Document Description:

Other Photo Type:

UOF ID Number: 4068/20

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (Actual, Allegation or Witness)
Attachment: File: 4068-20 ESU Reports.pdf
Created By: Lee Mitchell (LeMitchell)
Created Date: Sep 1 2020 9:25AM
Updated Date:
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: UOF #4068-2020 VIDEO REQUEST FORM.pdf
Created By: TYLER STOGER (TStofer)
Created Date: Sep 14 2020 5:29PM
Updated Date:
Access Level: ID
Other Attachment Type: video request form
Document Description: video request form

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: U4068-20 BCOFO UOF REVIEW 9-1-2020.xlsx
Created By: TYLER STOGER (TStofer)
Created Date: Sep 14 2020 5:30PM
Updated Date:
Access Level: ID
Other Attachment Type: rapid review
Document Description: rapid review

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: U4068-20 Facility Referral.pdf
Created By: Tahkyia Willis (TWillis)
Created Date: Sep 29 2020 4:15PM
Updated Date:

UOF ID Number: 4068/20

Access Level:	ID
Other Attachment Type:	FACILITY REFERRAL
Document Description:	delayed medical

Incident - Preliminary Review

UOF #:	4068/20
Occured Date:	Aug 31 2020
Injury Class:	C
Inmate 18 or Younger:	No
Class A UOF:	No
Actual or Alleged Blows to Head:	No
Actual or Alleged Kicking:	No
Actual or Alleged Use of Instrument of Force:	No
Inmate Was in Restraints:	No
Prohibited Restraint Hold(s):	No
Video Surveillance Malfunction:	No
Presence of Unexplained Facts:	No
Direct Referral from Facility:	No
Prior UOF Violation OATH Plea:	No
Evidence of Staff Collusion:	No
Other Full ID Circumstances:	No
Video Captured:	Yes
Are any inmate injuries attributable to any action of staff? :	No
Is staff injury consistent with the video and/or the witnesses and Use of Force reports?:	Yes
Are staff reports available to the preliminary reviewer and are they consistent with the video?:	Yes
Are any additional investigative steps necessary? :	No
Describe why no additional investigative steps (such as interviewing staff members) are necessary.:	All staff reports were consistent with video evidence as well as each other, in the events that transpired during the Use of Force. There was no evidence of collusion or dishonesty on behalf of DOC staff. The Use of Force was captured in its entirety with video evidence. Inmate Rodriguez did not make any allegations to the facility or medical against DOC

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Was a violation identified during Preliminary Review investigation?:

Detail the violation that has been identified:

Violation Will Require:

Investigator's Justification for Determination:

staff, as they refused to provide statements. Additionally, no injuries resulted from the Use of Force.

Yes

Inmate Rodriguez was not seen by medical until five hours and sixteen minutes after the incident.

- Facility Referral

UOF4068/20
Facility: MDC

Brief Incident Summary

On August 31, 2020 at approximately 1815 hours inside MDC 9 South housing area, Inmate Rodriguez, Peter B&C 3491603090 NYSID 09839298P started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell, he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the Intake with no further incident.

Video Review

Genetec Video Surveillance Footage

Genetec camera angles 191.49 ,191.36, 209.215, 209.206, 209.233, 209. 238, 213.252, 211.157, 211.162, 211.161, 211.174, 211.165, 210.210, 191.26, 191.20, 191.22, 191.21, and 210.234 captured from August 31, 2020 inside MDC 9 south housing area between the hours of 1800 and 1930 revealed the following:

A still fire was started inside cell #3 (18:14:56 angle 191.36). Five officers and two captain entered the cell dayroom with a water extinguisher (18:15:13 191.36). Staff opened the food slot to begin use of the extinguisher 18:15:35. ESU Staff entered and took over extinguishing efforts. Officer Galuzevsky continued use of the water extinguisher while Officer Lewis opened cell #3 (18:16:06 angle 191.36). Inmate Rodriguez refused to exit and began swatting at staff with his right arm while moving forward. Officers Lewis and Williams used chemical agents at an appropriate distance (18:16:22 angle 191.36). ESU Officers put on their masks and Officer Galuzevsky entered the cell. Officer Galuzevsky exited the cell escorting Inmate

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Rodriguez with his hands behind his back. All involved staff members exited the 9 south housing area into the vestibule with Inmate Rodriguez (18:17:29 angle 209.215). ESU staff escorted Inmate Rodriguez to the Intake, terminating the incident (18:31:21 angle 209.215).

Handheld Camera Footage

ES831201500CEMDCUOF1815UOF#4068-20.MP4

ESU Officers entered the dayroom of Inmate Rodriguez's cell and could be heard giving verbal commands for him to step out. Inmate Rodriguez remained in his cell. Staff gave additional verbal commands for Inmate Rodriguez to exit his cell while continuing to use the water fire extinguisher. Due to the number of staff members in the area, Inmate Rodriguez and the inside of his cell could not be seen at this time. Captain Moise advised into the camera that chemical agents were just utilized. Officer Galuzevsky entered the cell and immediately exited with Inmate Rodriguez in an escort hold with his hands behind his back. Inmate Rodriguez had an orange substance on his upper torso. ESU Officers escorted Inmate Rodriguez to the 9 south vestibule and awaited clearance to escort him to the Intake. Inmate Rodriguez was then escorted to the Intake without incident.

Body Camera Footage

The involved staff members were not equipped with body worn cameras, therefore no such video exists.

Involved Inmate(s) Statement(s)

Statement(s) to the Medical Staff

Inmate Rodriguez did not make any statement to medical staff.

Statement(s) to Facility

Inmate Rodriguez did not make any statement to the facility

Statement(s) to ID

It was determined that an interview with Inmate Rodriguez was not necessary for full disposition of the incident, as it was captured on Genetec and handheld video in its entirety.

Inmate Witness Statement(s) / Housing Area Canvass

Statement(s) to the Medical Staff

There were no involved witness statements provided by the facility.

Statement(s) to Facility

There were no witness statements provided by the facility.

Statement(s) to ID

UOF ID Number: 4068/20

It was determined that interviews with potential witness inmates were not necessary for full disposition of the incident, as it was captured on Genetec and handheld video in its entirety.

Photographs

Incident Photo Report

The facility submitted (1) one photograph of Inmate Rodriguez depicting a refusal.

ID Photographs

Because no interviews were conducted at this level, Inmate Rodriguez was not photographed by ID at this time.

Staff Statement(s)

Officers Lewis, Damien #8106 and Williams, Temir #11475 submitted use of force reports that were consistent with video evidence and each other.

Officer La, James #18781, Ferraro, Peter #1805, Sylla, Philippe #4945, Galuzevsky, Aleksandr #8957, Santiago, Rosalyn #4429, Oghayore, Christopher #4961, Campbell, Dwight #4586, Pegues, Nishanda #6264, Pierre-Louis. John #11494 Captain Gibson, Shaday #1046, and Captain Moise, Bonar #1451 submitted use of force witness reports that were consistent with video evidence and each other.

Injuries

Inmate Injuries

Inmate Rodriguez: Inmate Injury to Inmate Report #FY21/765 generated for Inmate Rodriguez on August 31, 2020 at approximately 2331 hours documented that Inmate Rodriguez refused medical attestation and denied any injuries.

Inmate Rodriguez received delayed medical attention approximately five hours and sixteen minutes after the incident occurred. Therefore, a facility referral has been generated to address this issue.

Staff Injuries

There were no staff injuries reported for this incident.

Avoidable/Unavoidable, Necessary, and/or Excessive

This use of force was determined to be unavoidable, necessary, and appropriate. Inmate Rodriguez lit a fire in his cell and then refused to verbal commands to exit while swatting at staff. In order to gain compliance and remove Inmate Rodriguez from potential harm, Officers Lewis and Williams dispersed their chemical agents from an appropriate distance towards Inmate Rodriguez's facial area.

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Officer Galuzevsky used escort holds to his arms to escort him safely out of his cell with no further incident. Officer Lewis, Williams, and Galuzevsky's actions were necessary to maintain safety and security. Force was used as a last resort where all other means had proven to be ineffective. Additionally, use of chemical agents and control holds are low on the continuum of force as defined by use of force directive 5006R-D. Therefore, staff was determined to be in accordance with Directive 5006R-D and Directive 4510R-H.

Intake Classification Assessment

This incident was properly classified as a "C"-use of force as there were no injuries to the inmate or staff involved in the incident.

Referral to the Department of Investigations

This incident was not referred to the Department of Investigations due to no discovery of criminal malfeasance.

Rapid Review

According to the Rapid Review which was conducted by Deputy Warden Shannon this incident was unavoidable, and the force was necessary. There were no painful escort techniques or procedural errors identified. Furthermore, the Facility did not recommend any counseling or corrective action for this incident. ID concurred with this assessment.

Conclusion

In conclusion, on August 31, 2020 at approximately 1815 hours inside MDC 9 South housing area, Inmate Rodriguez started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell, he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the Intake where he was promptly decontaminated, with out further incident.

Inmate Rodriguez received delayed medical attention approximately five hours and sixteen minutes after the incident, which he refused. Medical staff noted no injuries. Inmate Rodriguez refused to provide a statement to the facility or to be photographed. It was determined that an interview with Inmate Rodriguez was not necessary for full disposition of the incident as it was captured on Genetec and handheld video in its entirety. As such, Inmate

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Rodriguez's credibility was not assessed. Additionally, the involved staff members submitted reports that were consistent with video evidence and each other.

This incident was properly classified as a "C" use of force as there were no injuries to the inmate or staff involved in the incident. Inmate Rodriguez did not receive medical attention within the four-hour timeframe, therefore a facility referral has been generated to address the delay in medical attention.

The provided rapid review noted no procedural errors or need for corrective action. ID concurred with the Rapid Review assessment. This incident was unavoidable, necessary and appropriate as outlined in the continuum of force in Use of Force Directive 5006B-D.

Immediate Action

No immediate action was deemed necessary for this incident.

Recommendation

Based on the preponderance of the evidence as cited in the conclusion, it is recommended that this case be closed with a facility referral for delayed medical attention.

Staff Reassignment During Investigation:

No

DOI Referral for Staff:

No

DOI Referral for Inmate:

No

Injury Properly Classified:

Yes

Review End Date:

Sep 15 2020

Workflow Action:

Approve Preliminary Review - PIC (close Incident)

Created Date:

Updated By:

Tahkyia Willis (TWillis)

Updated Date:

Sep 29 2020 3:49PM

		CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #6008-A-1		Eff. : 9/27/2017	
USE OF FORCE WITNESS REPORT						PART A-1	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.			
Facility: MDC		Report Date: 8/31/2020	Incident Date: 8/31/2020	Incident Time: 1815	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:
Location Where Incident Occurred: Cell 3			Post Assigned at Time of Incident: ESU Supervisor		Tour: 1500x2331		
1 Did any other inmates witness the incident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #:							
		Last Name		First Name		Book and Case or Sentence Number	
1							
2							
3							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of Inmate(s) against whom force was used:							
		Last Name		First Name		Book and Case or Sentence Number	
1		Rodriguez		Peter		3491603090	
2							
3							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:							
		Last Name		First Name		Rank/Title	
1		Lewis		Damien		CO	
2		Williams		Temir		CO	
3							
				Shield/ID Number			
				8106		<input checked="" type="checkbox"/> Used Force	
				11475		<input checked="" type="checkbox"/> Was a Witness / Present	
						<input checked="" type="checkbox"/> Used Force	
						<input checked="" type="checkbox"/> Was a Witness / Present	
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On Monday August 31, 2020 at approximately 1815hrs ESU Captain-Moise 1451 was notified via radio that inmate Rodriguez, Peter B/C 3491603090 NYSID 09839298P Cell 3 (incarcerated for murder and kidnapping and known for assaulting staff) started a fire in his cell.							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: Inmate was ordered to stop resisting.							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): When approaching inmate Rodriguez cell there was heavy smoke coming from the bottom of the cell. ESU staff had possession a fire extinguisher. ESU staff then opened the cell door to render aid to inmate Rodriguez. ESU staff began extinguishing the fire in front of the cell/ hanging sheets that were also on fire. While extinguishing the fire said inmate was threatening staff becoming irate and began to advance toward staff aggressively. That's when ESU staff applied chemical agents to the facial area of said inmate. After the chemicals agents took it desired effect. Said inmate was then placed in mechanical restraints and escorted out of the area to the intake for decontamination. Inmate Rodriguez was placed in the shower pen starting the decontamination processes with no further incidents.							

Continued on Reverse Side

DEF 000019

DEF 000020

6

(Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.:

N/A

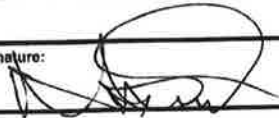
8 Identify the part(s) of the Inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the Inmate:

Facial area

9 Were you responsible for escorting the Inmate(s) to the clinic? ☒ YES ☐ NO If YES, identify the approximate time the Inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Moise, Bonar Captain 1451

Signature: 

Confidential - For Use Only in Rodriguez v. City of New York et al., 20-cv-09840 (GJM)

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A	EFF.: 9/27/2017
USE OF FORCE REPORT		PART A	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE	
Facility: <u>MDC</u> Report Date: <u>8/31/20</u> Incident Date: <u>8/31/20</u> Incident Time: <u>1815 hrs</u>		Facility Incident #: _____ COD Use of Force #: _____ COD Unusual # if any: _____	
Location Where Incident Occurred: <u>9 South</u>		Post Assigned at Time of Incident: <u>MDC Enhanced Security Detail</u> Tour: <u>1500x2331 hrs</u>	
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: _____			
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: <u>Moise, Roner CPT #1451</u> Time Notified: <u>1815 hrs</u>			
3 State name(s) of inmate(s) against whom force was used:			
1	Last Name	First Name	B&C or Sent. Number
2	<u>Rodriguez</u>	<u>Peter</u>	<u>349-160-3090</u>
			Infraction Written? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):			
<p>On Monday August 31, 2020 on the 1500x2331 hrs tour, I as a Level 1 #8106 assigned to the MDC Enhanced Security Detail Post, along with ESW Staff under the supervision of Captain Moise #1451, were deployed to MDC housing area 9 South, which is an ongoing enhanced security detail to provide security and supervise inmate movement during all three tours. ESW Staff are deployed to facilities to handle inmate disturbances beyond the facility control.</p> <p><u>Levas #8106</u></p>			
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:			
<p>This writer did not hear verbal commands, nor did I get a chance to give verbal commands.</p>			
6 Describe the incident and the specific force used:			
<p>At approximately 1815 hrs, ESW Staff responded to a cell fire at Cell #3 which was started by inmate Rodriguez Peter Bc # 349-160-3090. ESW Staff instructed MDC Staff to leave the area. ESW Staff took over the task to put out the cell fire. Cell door was opened, and inmate Rodriguez was instructed to face the back of the cell, with his hands on his head, and inmate did comply. As ESW Staff was utilizing the water fire extinguisher to put the fire out, inmate Rodriguez spontaneously faced ESW Staff and became aggressively resistant by advancing toward ESW Staff in an attempt to come out of his cell and what appeared to assault Staff. At this time this writer utilized one-two second burst to the facial area of chemical agents. Chemical agents appeared to take its desired effect, and inmate Rodriguez was instructed to place his hands by his side and he complied. This writer along with ESW Staff donned our Avon C-50 Gas mask.</p>			

Continued on Reverse Side

DEF 000021

DEF 000022

6 (Continued)

And ESU Staff entered the cell securing said inmate and placing him in mechanical restraints, and removed him out of the housing area. ESU Staff not including this writer escorted said inmate to the main intake for decontamination terminating the incident.

Lewis #806

7 Explain in detail why force was necessary to control the situation:
As a last resort and where there are no practical alternatives available to prevent physical harm to staff, visitors, inmates or other persons

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
Force was applied to said inmate's facial area from chemical agents visibly face was red from chemical agents

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
Captain Moise #1451

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? ☒ YES ☐ NO
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
Williams	CO	11475	Used force
Galuzorsky	CO	8957	Witness / Present
Sylla	CO	4945	Witness / Present

11 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, specify: Unknown


Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? ☐ YES ☒ NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
Lewis Damon CO #806

Signature:
Damon

	CITY OF NEW YORK – CORRECTION DEPARTMENT	FORM #5006-A-1	Eff.: 9/27/2017																												
USE OF FORCE WITNESS REPORT		PART A-1																													
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Facility: MDC	Report Date: 8/31/20	Incident Date: 8/31/20	Incident Time: 1815																												
Location Where Incident Occurred: 9 South		Post Assigned at Time of Incident: ESW RRT	Tour: 1500x 2331																												
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:																															
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	Last Name	First Name	Rank	Shield Number	Used Force	Was a Witness/Present																									
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3	Galuzerskiy	Aleksandr	CO	8957	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																									
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):																															
<p>On Monday August 31 2020 1815 hrs while working on the 1500x 2331 tour rapid response team, I CO Sylla #4945 was assigned to the MDC 9 South enhance security detail under the supervision of ESW Capt Moise #1451</p>																															
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:																															
<p><i>Use only in Rodriguez</i></p> <p><i>CO Sylla #4945</i></p>																															
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):																															
<p>CO Sylla #4945 witness cell #3 on fire with Inmate Rodriguez, Peter Bec #349 1603 290 Inside. ESW staff quickly grabbed the fire extinguisher to put out fire. This writer witness said Inmate attempted to assault ESW staff. At this time chemical agents was utilized by ESW staff to prevent assault on staff. Said inmate was taken to intake to staff decontamination process. No other incident to report.</p> <p><i>CO Sylla #4945</i></p>																															

Continued on Reversed Side

DEF 000023

DEF 0000034 (Continued)

6

7 To the extent applicable, identify the name(s) of any staff Member who authorized and/or supervised the incident:
 Capt. Yoo #1451

8 Identify the part(s) of the Inmate's body/ bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
 Unknown

9 Were you responsible for escorting the Inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the Inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
 Silla, Philippe, CO. #4945

Signature:
 P. Silla

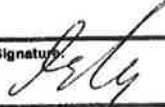
Confidential - For Use Only in Rodriguez v. City of New York et al.

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	EN. : 9/27/2017																
USE OF FORCE WITNESS REPORT		PART A-1																	
INSTRUCTIONS: PRINT ALL INFORMATION: To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.																	
Facility: MDC	Report Date: 8/31/20	Incident Date: 8/31/20	Incident Time: 1815																
Location Where Incident Occurred: 9 South		Post Assigned at Time of Incident: ESU	Tour: 1500X2331																
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: Unknown																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 40%;">Book and Case or Sentence Number</th> </tr> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> </table>		Last Name	First Name	Book and Case or Sentence Number	1			2			3								
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2																			
3																			
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:																			
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4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):																			
<p>On Monday August 31, 2020 at approx 1815 hrs I C/O Galuzewski #8457 assigned to ESU on the 1500x2331 tour at MDC 9 South, witnessed inmate Rodriguez Peter B# 3491603090 set a fire within his cell, cell # 3. This writer then notified ESU supervisor.</p>																			
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:																			
<p>Multiple commands were given to put out the fire.</p>																			
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):																			
<p>This writer then grabbed the fire extinguisher from the floor officer to be prepared to put out the fire. Once ESU supervisor said to open the cell this writer immediately began to render aid and put out the fire in cell # 3. While putting out the fire inmate Rodriguez began to become hostile and started charging at ESU staff. Chemical agents was then utilized by ESU staff to stop said inmate from assaulting staff. Said inmate was then secured and escorted out of the housing area and into the intake. No further incident to report. At no time did this writer use force.</p>																			

Continued on Reverse Side

DEF 000025

DEF 000026

6	(Continued)
<p style="text-align: center; transform: rotate(-45deg); opacity: 0.3;">Confidential - For Use Only in Rodriguez v. City of New York et al., 20-cv-09840 (SDNY)</p>	
7	To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
<p>CPT. Moise # 1451</p>	
8	Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
<p>facial area</p>	
9	Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:	
Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #) Signature:  Galuzevskiy Aleksandr C/O 8957	

		CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A	Eff.: 9/27/2017
USE OF FORCE REPORT					PART A
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE If WITNESS or only PRESENT, then complete PART A-1, NOT this report.		
Facility: <u>MDC</u>	Report Date: <u>8/31/20</u>	Incident Date: <u>8/31/20</u>	Incident Time: <u>1815</u>	Facility Incident #:	COD Use of Force #: COD Unusual # if any:
Location Where Incident Occurred: <u>9 South 3 Cell</u>		Post Assigned at Time of Incident: <u>ESU</u>		Tour: <u>3x11</u>	
1 Was Supervisor notified before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: <u>Captain Morse 1451</u>					
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: _____ Time Notified: _____					
3 State name(s) of inmate(s) against whom force was used:					
Last Name		First Name		B&C or Sent. Number	Infraction Written?
1 <u>Rodriguez</u>		1 <u>Peter</u>		1 <u>34916 03090</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2 _____		2 _____		2 _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>On August 31 2020 at approximately 1815 hours during the 3x11 tour while assigned to ESU's enhanced security detail at MDC I COT L Williams 11475 was deployed to housing Area 9 South under the direct supervision of Captain Morse 1451 due to a fire condition coming from Cell 3</u>					
5 Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <u>Inmate Rodriguez was instructed to "step back" "turn around" "place hands behind back" by this writer.</u>					
6 Describe the incident and the specific force used: <u>Inmate Rodriguez Peter # 34916 03090 / 09992857 had started a fire in his Cell (3) This writer along with other ESU members responded with a fire extinguisher and put out the fire condition. Inmate Rodriguez became agitated and aggressively charged out of his Cell. This writer then utilized 1 two second burst of Oleoresin Capsicum to inmate Rodriguez facial areas while giving direct orders to stop his advance. The chemical agents took the desired effect inmate Rodriguez complied with verbal commands given placing his hands behind his back. Restraints were applied and inmate Rodriguez was escorted out of housing area to a shower pan in intake to start the decontamination process by ESU members without further incidents.</u>					

Continued on Reverse Side

DEF 000027

DEF 000028

6 (Continued)

CO TS Williams 11475

7 Explain in detail why force was necessary to control the situation:
force was necessary to prevent further injury to staff or inmate.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
chemical agents applied to facial areas of said inmate

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
Captain Morse 1451

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? ☒ YES ☐ NO
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
Oghavore	CO	N 4961	see staff report
Araculane	CO	11494	see staff report
Morse	Capt	1451	see staff report


11 Did any other inmate witness the incident? ☐ YES ☒ NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? ☐ YES ☒ NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
Williams Tenn CO 11475

Signature: 

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	Exp. : 9/27/2017																												
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	Last Name	First Name	Rank/Title	Shield/ID Number	Used Force	Was a Witness / Present																									
1	<u>Lewis</u>	<u>Danien</u>	<u>CO</u>	<u>8118</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																									
2	<u>Williams</u>	<u>Tenar</u>	<u>CO</u>	<u>11475</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																									
3	<u>Galuzevskiy</u>	<u>Aleksandr</u>	<u>CO</u>	<u>114757</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																									
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>On Monday, August 31, 2020, I, CO Rodriguez #11479 assigned ESU-MDC Enhanced Security Detail on the 155DY2331 tour, was stationed in MDC, under the direct supervision of Capt. Noice #146, to conduct enhanced security for 9 South. This writer reported to 9 South due to a fire condition at approx. 1815 hrs.</u>																															
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:																															
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; transform: rotate(-45deg); transform-origin: left top; font-weight: bold; font-size: 2em;">Use of Force Only</div> <div style="position: absolute; top: 0; left: 50%; transform: translateX(-50%); font-weight: bold; font-size: 1.5em;">Rodriguez #11479</div> </div>																															
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <u>At approx. 1815 hrs, Inmate Rodriguez, Peter BIC 3491603090, assigned cell #3, created a fire condition. ESU staff utilized a fire extinguisher to terminate the fire, at which time CO Lewis #8118 and CO Williams #11475 utilized chemical agents. This writer could not physically see the inmate. This writer then donned her gas mask. Said inmate was secured in mechanical restraints as the chemical agents took its desired effect. He was escorted out of the area.</u>																															

Continued on Reverse Side

DEF 000029

DEF 000030

6 (Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Det. Morse #1451 on scene

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Unknown

9 Were you responsible for escorting the inmate(s) to the clinic?

☐ YES ☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Santiago, Rosalyn CO #4429

Signature:

R. Santiago

CITY OF NEW YORK - CORRECTION DEPARTMENT				FORM #5008-A-1	EFF. : 8/27/2017
USE OF FORCE WITNESS REPORT					
PART A-1					
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.		
Facility: MDL	Report Date: 8-31-20	Incident Date: 8-31-20	Incident Time: 1815	Facility Incident #:	COD Use of Force #:
Location Where Incident Occurred: 9 SOUTH		Post Assigned at Time of Incident: ESU MDC Detail		Tour: 3 X 11	
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:					
Last Name		First Name		Book and Case or Sentence Number	
1					
2					
3					
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:					
Last Name		First Name		Book and Case or Sentence Number	
1 Rodriguez		1 Peter		1 3491603 a80	
2					
3					
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:					
Last Name		First Name		Rank/Title	Shield/ID Number
1 Williams		1 Jenir		1 CO	1 114975
2 Pierre-Louis		2 John		2 CO	2 12194
3 Moise		3 Donna		3 Capt	3 1451
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On Monday August 31, 2020 during the 3 X 11 tour, I C/O John #4961, which assigned to ESU/MDC Detail, observed inmate Rodriguez B/O started a fire in his cell (#3).					
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: This writer heard ESU staff tell said inmate to stop Advancing and turn around and place hands behind back to be handcuffed.					
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): After said inmate set fire in his cell, this writer along with other ESU staff went to his cell to put out the fire with fire extinguisher to prevent said inmate from harming him self or others. from this writer's viewpoint, this writer was only able to see chemical agent being deployed when said inmate failed to comply with ESU staff verbal commands. This writer then observe said inmate handcuffed by ESU staff before this writer then took over the escort of said inmate before escorting said inmate outside the housing area. At this point, I relieved my escort hold to another ESU staff.					

Continued on Reverse Side

DEF 000031

DEF 000032

6 (Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain Noise #1451 Supervised the incident.

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Chemical Agent was Deployed to inmates facial Area.

9 Were you responsible for escorting the inmate(s) to the clinic?

☐ YES ☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Aghayore, Christopher 40 #4961

Signature:

[Signature]

Confidential - For Use Only in Rodriguez v. City of New York et al., 20-000032 (WJG) 04/08/20

		CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	EFF. : 9/27/2017
USE OF FORCE WITNESS REPORT					PART A-1
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A and B report.		
Facility: <u>MDC</u>	Report Date: <u>8/31/20</u>	Incident Date: <u>8/31/20</u>	Incident Time: <u>1815</u>	Facility Incident #:	COD Use of Force #: <u>01 07</u>
Location Where Incident Occurred: <u>9 South Cell # 3</u>		Post Assigned at Time of Incident: <u>ESG RET</u>		Tour: <u>3x11</u>	
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:					
Last Name		First Name		Book and Case or Sentence Number	
1					
2					
3					
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:					
Last Name		First Name		Book and Case or Sentence Number	
1					
2					
3					
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:					
Last Name		First Name		Rank/Title	Shield ID Number
1 <u>Peggues</u>				<u>CO</u>	<u>67401</u>
2 <u>Sylla</u>				<u>CO</u>	<u>4745</u>
3 <u>Lewis</u>				<u>CO</u>	<u>8206</u>
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>On Monday August 31, 2020, I, CO Campbell #4586 assigned to emergency service unit on the 3x11 tour was assigned to MDC detail under the supervision of Captain Morse #1815</u>					
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <u>At approximately 1815 hours, inmate Peter Rodriguez #3491603090 refused all verbal commands to exit his cell due to his cell being on fire.</u>					
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <u>Inmate Peter Rodriguez b/c 3491603090 refused all direct order to exit his burning cell as staff members began to extinguish the fire said inmate became very irate and charge at staff at which time chemical agents was utilized and has taken its full effect. Inmate was taken to the main intake shower per terminating all incidents.</u>					

Continued on Reverse Side

DEF 000033

DEF 000034

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(Continued)

7

To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Chemical agents was utilized under Captain Morise Supervision #1451

8

Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Chemical agents

9

Were you responsible for escorting the inmate(s) to the clinic?

☐ YES☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Campbell Dwight CO # 4586

Signature:

Dwight Campbell

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	Eff. : 9/27/2017																								
USE OF FORCE WITNESS REPORT		PART A-1																									
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.																									
Facility: MDC	Report Date: 8/31/20	Incident Date: 8/31/20	Incident Time: 1:45 PM																								
Location Where Incident Occurred: 9 South Cell #3		Post Assigned at Time of Incident: ESU - camera	Tour: 1500x 2331^W																								
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>UNKNOWN</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Last Name	First Name	Book and Case or Sentence Number	1	UNKNOWN			2				3											
	Last Name	First Name	Book and Case or Sentence Number																								
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2																											
3																											
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:																											
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	Last Name	First Name	Rank/Title	Shield #	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present																						
1	Lewis	Damien	C.O.	8106	<input checked="" type="checkbox"/>																						
2	Williams	Emir	CO	11915	<input checked="" type="checkbox"/>																						
3	Sulla	Phillipe	CO	10445	<input checked="" type="checkbox"/>																						
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On August 31st 2020 on the 1500 x 2331^W tour, I C.O. ROGERS # 6264 was assigned to the MDC Enhanced Security Detail under the direct supervision of Captain Nase # 1451. At 1815 hours Inmate Rodriguez																											
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:																											
Verbal commands were given to inmate to back out of the cell Rogers # 6264																											
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): After b/c 34916003090 NYSD 09893290P created a fire condition in his cell. ESU staff then opened up cell # 3 and utilized the fire extinguisher to gain control of the situation, while gaining control of the fire squad inmate began advancing toward ESU staff at which time chemical agents were deployed. Chemical agents took its desired effect, squad inmate was secured utilizing mechanical restraints. ESU staff then escorted inmate Rodriguez to main intake shower pan. Inmate was relinquished to intake staff terminating the incident.																											

Continued on Reverse Side

DEF 000035

DEF 000036

6

(Continued)

7

To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain Mouse 1451

8

Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Chemical agents were applied to the inmates facial area.

9

Were you responsible for escorting the inmate(s) to the clinic?

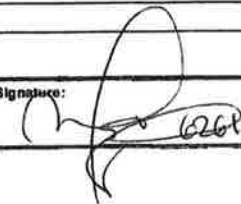
☐ YES ☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

POWERS N #C.O 6261


Signature:



CITY OF NEW YORK - CORRECTION DEPARTMENT				FORM #6004-A-1	ER: 9/27/2017																								
USE OF FORCE WITNESS REPORT																													
PART A-1																													
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																									
Facility: MDC	Report Date: 08-31-20	Incident Date: 08-31-20	Incident Time: 1515	Facility Incident #:	COD Use of Force #:																								
Location Where Incident Occurred: 9 South / Cell 3			Post Assigned at Time of Incident: ESU, MDC	Tour: 1531 x 2331																									
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>							Last Name	First Name	Book and Case or Sentence Number	1				2				3											
	Last Name	First Name	Book and Case or Sentence Number																										
1																													
2																													
3																													
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr><td>1</td><td>Rodriguez</td><td>Peter</td><td>3491603070</td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>							Last Name	First Name	Book and Case or Sentence Number	1	Rodriguez	Peter	3491603070	2				3											
	Last Name	First Name	Book and Case or Sentence Number																										
1	Rodriguez	Peter	3491603070																										
2																													
3																													
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Rank/Title</th> <th>SHOULD WE USE FORCE?</th> <th>WAS A WITNESS / PRESENT</th> </tr> </thead> <tbody> <tr><td>1</td><td>MOISE</td><td></td><td>CPT</td><td>11451</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>2</td><td>William</td><td></td><td>C.C.</td><td>11475</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>3</td><td>Galvezsky</td><td></td><td>C.P.</td><td>12935</td><td><input checked="" type="checkbox"/></td></tr> </tbody> </table>							Last Name	First Name	Rank/Title	SHOULD WE USE FORCE?	WAS A WITNESS / PRESENT	1	MOISE		CPT	11451	<input checked="" type="checkbox"/>	2	William		C.C.	11475	<input checked="" type="checkbox"/>	3	Galvezsky		C.P.	12935	<input checked="" type="checkbox"/>
	Last Name	First Name	Rank/Title	SHOULD WE USE FORCE?	WAS A WITNESS / PRESENT																								
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2	William		C.C.	11475	<input checked="" type="checkbox"/>																								
3	Galvezsky		C.P.	12935	<input checked="" type="checkbox"/>																								
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): ON Monday August 31st, 2020, I C.C. PRIME-LANS #11471 Assigned to ESU MDC Detail on the 1531 x 2331 hour tour. At approximately 1515 hours this writer and ESU staff responded to a Smoke Alarm at housing unit 9 South, Cell #43.																													
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: This writer gave inmate Rodriguez direct orders to face the back of his cell and place his hands behind his back.																													
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): UPON ENTERING the Cage Cell #43, said Inmate Cell was on fire. ESU staff utilized the fire extinguisher and took out portion of the fire while utilizing the fire. Said Inmate charged at staff which caused ESU staff to utilize MCK (oleoresin capsicum) to the facial area. Said Inmate stopped ceasing the aggression. This writer had cell said Inmate and brought him to the main intake to decontaminate inside the shower pen. No further incidents occurred.																													



Continued on Reverse Side





DEF 000037

<p>Signature: </p>	<p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and BIRTHDAY) James - Lewis # 11494</p>
<p>7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident: Calvin Moore # 1451</p>	
<p>8 Identify the part(s) of the inmate's body/body/limb to which force was applied and a description of any visible or apparent injuries sustained by the inmate: Facial Area to</p>	
<p>9 Were you responsible for recording the inmate(s) to the clinic? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p>	
<p>6 (Continued)</p>	

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630000 JED

	CORRECTION DEPARTMENT CITY OF NEW YORK	
INJURY TO INMATE REPORT		Page 2 of 2 Pages Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D
INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock box, One copy to Inmate Medical File.		
Inmate Name (Last Name, First Name): <u>Rodriguez, Peter</u>		
Injury #: <u>765</u>	NYSID #: <u>09839278P</u>	Book & Case/Sentence #: <u>5491603090</u>
TO BE COMPLETED BY THE INVESTIGATING OFFICER. PLEASE PRINT CLEARLY.		
Investigator's Report:		
<div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(-45deg); transform-origin: right top; font-size: 2em; opacity: 0.3;"> Confidential - For Use Only in Rodriguez v. City of New York et al. (JHR) </div> </div>		
If inmate was transported to a hospital, fill in hospital name here: _____		
Medical's Final Disposition on Injury Type: <input type="checkbox"/> Serious Injury <input type="checkbox"/> Non-Serious Injury		
Injuries Resulted From: <input type="checkbox"/> Use of Force <input type="checkbox"/> Allegation of a Use of Force <input type="checkbox"/> Inmate on Inmate <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Other (Explain): _____		
Investigating Officer Signature: _____	Rank/Title: _____	Shield/ID#: _____ Date: _____
Tour Commander's Review:		
Tour Commander's Signature: _____		
Rank/Title: _____		Shield/ID#: _____ Date: _____
Deputy Warden's Review:		
Signature: _____		Rank/Title: _____ Date: _____
Commanding Officer's Remarks:		
Signature: _____		Rank/Title: _____ Date: _____

 CORRECTION DEPARTMENT CITY OF NEW YORK			
INJURY TO INMATE REPORT		Page 1 of 2 Pages	Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.			
Command: MDC	Date: 8-31-20	COD/UOF #:	Injury #: 7105
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).			
Inmate Name (Last Name, First Name): Rodriguez Peter			
Location Where Injury Occurred: 3 cell	Inmate's Housing Area: 9 South	NYSID #: 09839298P	Book & Case/Sentence #: 3491603090
Details: On August 31, 2020 at approximately 1815 hrs inmate Rodriguez Peter B/C 3491603090 NYSID 09839298P created a small fire in his cell #3. Fire was extinguished resulting in a use of force with DOC staff			
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): Gibson Capt 1046		Date: 8-31-20	Time: 1815 Hrs
Employee: <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury.	Employee Full Name (print): Murphy	Employee Signature: [Signature]	Rank/Title: C/O Shield/ID#: 11757
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY).			
Date of Injury: 8/31/20	Reported for Medical Attention: 8/31/20 11:08 PM	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nature/Reported Mechanism of Injury: He denies injury/pain. He further refused medical services. No signs of gross injury		Medical Staff Must Note Location of Injury:  	
Serious injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):			
<input type="checkbox"/> Location requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture <input type="checkbox"/> Clinical Nasal Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear <input type="checkbox"/> Amputation <input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI <input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area			
<input checked="" type="checkbox"/> NO SERIOUS INJURY <input type="checkbox"/> Pending - Requires Further Evaluation			
Treatment: Pain Indicated			
Disposition and Transportation Requirements (If applicable): Please check which apply <input type="checkbox"/> Urgent / X-Ray <input type="checkbox"/> Hospital Transfer: <input type="checkbox"/> EMS <input type="checkbox"/> Intra-Departmental Transfer <input checked="" type="checkbox"/> None / Return to Housing Area			
Initially Treated/Examined By (Print and Sign Full Name): Christopher Patern / Christopher Patern, M.D.		Date: 8/31/20	Time: 11:34 PM
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:			
Inmate Signature: [Signature]	B&C / Sentence #: 3491603090	Date:	
Witnessed By (Signature): [Signature]	Rank/Title: C/O	Shield / I.D. #: 11757	Date: 8/31



CORRECTION DEPARTMENT CITY OF NEW YORK		INMATE VOLUNTARY STATEMENT FORM		Form: IVS-1 Eff.: 1/24/19
Inmate's Name: <u>Rodriguez Peter</u>		Date: <u>8-31-20</u>		
Book and Case Number: <u>3491603090</u>	Date of Birth: <u>1990</u>	Age:	Housing Area: <u>9 South</u>	
<p>I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.</p> <p><u>Refused</u></p>				
Inmate's Signature: <u>Refused</u>				
Date: <u>8-31-20</u>				
Witness by (print name): <u>Gibson</u>		Witness Signature:		Rank: <u>Capt</u>
				Shield Number: <u>1016</u>

DEF 000042

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	EFF. : 9/27/2017
USE OF FORCE WITNESS REPORT			PART A-1
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.	
Facility: MDC	Report Date: 8/31/20	Incident Date: 8/31/20	Incident Time: approx 1815
Location Where Incident Occurred: 9 south #5 cell		Post Assigned at Time of Incident: North Max	Tour: 1500x2331
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:			
Last Name		First Name	Book and Case or Sentence Number
1			
2			
3			
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:			
Last Name		First Name	Book and Case or Sentence Number
1 RODRIGUEZ,		PETER	3491603090
2			
3			
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:			
Last Name		First Name	Rank/Title
1 GALUZEVSKIY			CO
2 LEWIS			CO
3 MOISE			Capt
If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On August 31, 2020, I Capt Gibson #1046 assigned to North Max on the 1500x2331 tour was informed by Officer Ferraro #1804 that inmate RODRIGUEZ, PETER B/C 3491603090 NY SID 09839298P of cell #3 had started a still fire in his cell. Said Officer retrieved the fire extinguisher and started to extinguish the fire through the slot, at which time Capt Moise entered the area and gave Officer Ferraro a direct order to exit the area. ESU staff then opened the cell door and Officer GALUZEVSKIY began to extinguish the fire. This writer backed away from the cell door.			
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:			
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): this writer was not in view of what was taking place inside the cell, but did observe Officer Lewis utilize his chemical agent. At which time this writer exited the area due to not having gas mask. Inmate Rodriguez was then escorted to the vestibule area in restraints awaiting an escort team terminating the incident. I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report pursuant to my further clarity of the incident and possible review of the video evidence.			

Continued on Reverse Side

DEF 000043

6	(Continued)	
		
7	To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:	
I Capt Gibson and Capt Moise		
8	Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:	
Force was applied to said inmate's facial area		
9	Were you responsible for escorting the inmate(s) to the clinic? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:
Said inmate was seen at approx 11:30 hrs		
Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #) Gibson Shaday Capt 1046		Signature: 

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DEF 000044

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	EN. : 9/27/2017																																
USE OF FORCE WITNESS REPORT			PART A-1																																
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.																																	
Facility: <u>max</u>	Report Date: <u>8/31/20</u>	Incident Date: <u>8/31/20</u>	Incident Time: <u>1800</u>																																
Location Where Incident Occurred: <u>9 South 3 cell</u>		Post Assigned at Time of Incident: <u>9 South</u>	Tour: <u>3x11</u>																																
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used																																	
<table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>			Last Name	First Name	Book and Case or Sentence Number	1				2				3				<table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>			Last Name	First Name	Book and Case or Sentence Number	1				2				3			
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3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:																																			
<table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Rank/Title</th> <th>Shield Number</th> <th> <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present </th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Gibson</td> <td></td> <td>Capt</td> <td>1800</td> <td></td> </tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Last Name	First Name	Rank/Title	Shield Number	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present	1	Gibson		Capt	1800		2						3													
	Last Name	First Name	Rank/Title	Shield Number	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present																														
1	Gibson		Capt	1800																															
2																																			
3																																			
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>This writer was told by ESN Staff and housing Area supervisor to depart the floor.</u>																																			
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:																																			
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <u>his writer was not present during UoF.</u>																																			

Continued on Reverse Side

DEF 000045


6	(Continued)	
<p><i>5081 summary</i></p> <p><i>Confidential - For Use Only in Rodriguez v. City of New York et al., 20-cv-09840 (JHR)</i></p>		
7	To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:	
<p><i>Captain Gibson # 1046</i></p>		
8	Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:	
<p><i>This writer was not present during UOF.</i></p>		
9	Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:
Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)		Signature:
<p><i>Ferraro, Peter, CO, 1805</i></p>		<p><i>Ferraro</i></p>

DEF 000046

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	Eff. : 9/27/2017
USE OF FORCE WITNESS REPORT			PART A-1
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.	
Facility:	Report Date: 08/31/22	Incident Date: 08/31/22	Incident Time: 19:10
Location Where Incident Occurred: 9 South Cell 03		Post Assigned at Time of Incident: 9 South	Tour: 15th 2330
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #:		COD Use of Force #: COD Unusual # if any:	
1	Last Name: Rodriguez	First Name: Peter	Book and Case or Sentence Number: 34916 03090
2			
3			
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:			
1	Last Name	First Name	Book and Case or Sentence Number
2			
3			
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:			
1	Last Name	First Name	Rank/Title <input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
2			<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
3			<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): This writer was not present before the incident.			
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:			
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): On 08/31/22, C/O LA #18781, 9 South 2330 hrs. at approximately 19:10 hrs. Rodriguez Peter B/c #34916 03090 Cell 03 was having smoking contraband around his cell. That this writer was order to deprive the housing area by ESU. Supervisor this writer did not witness any UOF nor using COP.			

Continued on Reverse Side

DEF 000047

9	(Continued)
<p><i>Confidential - For Use Only in Rodriguez v. City of New York et al., 20-cv-09840 (SHW)</i></p>	
7	To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.:
8	Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
9	Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:	
Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)	
James LA C/O #1871	
Signature: 	



NEW YORK CITY DEPARTMENT OF CORRECTION
Cynthia Brann, Commissioner

Sarena Townsend, Esq., Deputy Commissioner
Investigation Division & Trials Division
75-20 Astoria Boulevard – Suite 350
East Elmhurst, NY 11370

Tel 718 • 546 • 0305
Fax 718 • 278 • 6541

Date: September 29, 2020
To: Tatanisha Banks, Warden, Manhattan Detention Complex
From: Tahkyia Willis, Deputy Director, Investigation Division

SUBJECT: FACILITY REFERRAL: UOF #4068-2020

The Investigation Division has completed the review for 4068/20. On August 31, 2020 at approximately 1815 hours inside MDC 9 south housing area, Inmate Rodriguez, Peter (BC 3491603090/NYSID 09839298P) started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the intake with no further incident.

According to Injury to Inmate Report FY21-765, Inmate Rodriguez received delayed medical attention, approximately five hours and sixteen minutes after the incident.

Supervisors must ensure that inmates and staff are afforded prompt medical attention following their involvement in a UOF incidents. As per the new guidelines delineated in Directive 4516 R-B (Injury to Inmate Reports), staff are to ensure medical attention is afforded as soon as practical, but no more than four (4) hours.




The Investigation Division is requesting that the facility address the above mentioned deficiencies to ensure policy compliance. Please submit to this office, within 30 business days of receipt of this memorandum, please report your actions to Tahkyia Willis via email at Tahkyia.willis@doc.nyc.gov

Received: _____

Action Taken: _____

TS:
ID-FR# 0317/20

DEF 000048

	CITY OF NEW YORK CORRECTION DEPARTMENT		
	Manhattan Detention Complex		
	Incident Photo		
Type of Incident: UOF <input checked="" type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>		Date & Time of Incident: 08/31/2020 18:15	
UOF #: 4068/20 - P Incident Status: Actual		NYSID #: 09839298P	
First Name: PETER		Book & Case #: 3491603090	
Last Name: RODRIGUEZ		Inmate <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>	
			
Photo Date: 08/31/2020 Photo Taken By: Investigating Supervisor: Captain Gibson #1046 Photo Description: Other-refused			

PRIVILEGED AND CONFIDENTIAL

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Date Monday August 31, 2020
 to Acting Warden Yatanisha Banks
 from Mr. Lee Mitchell #57
 Re Mr. Massey
 Subject Use of Force.
 Location 9 South
 Inmate

Staff Officer Alexander Galuzerskiy #8957 SOA:
 Officer Dorian Lewis #8106 SOA:
 Officer Temer Williams #11475 SOA:

Inmate: Rodriguez, Peter 3491603090 / 09839298P
 Unit 10, Red 10, Enhanced Restraint
 Class 30

On August 31, 2020 at 1815 hours, in housing
 Area 9 South, inmate Rodriguez started a
 fire inside his cell. Officer Galuzerskiy
 observed the fire, extinguisher to put out
 the fire. After the inmate stood in front
 of Officer Galuzerskiy. The Officer gave
 orders to none and the inmate refused
 to comply. Officer Lewis deployed Chemical
 Agent and Officer Williams performed Central
 holds to apply restraints. The inmate
 ceased his aggression and was escorted out
 of the area, terminating the incident.

Staff Injuries:

Inmate Injuries:

Respectfully Submitted by
 John Lee Mitchell #57

This investigation is assigned to Carl Gibson #1046

DEF 000050

Confidential - For Use

Video Request Task Form**UOF # U4068/2020****NON-UOF #****Current Date: 9/1/2020****COD #****ID #****GENETEC VIDEO**

Requestor: Inv. Stofer

Facility: MDC

Date: 8/31 /2020

Camera IP	Location	From Hour	To Hour	Comments
191.49	MDC	1800	1930	
191.36	MDC	1800	1930	
209.215	MDC	1800	1930	
209.206	MDC	1800	1930	
209.233	MDC	1800	1930	
209.238	MDC	1800	1930	
213.252	MDC	1800	1930	
211.157	MDC	1800	1930	
211.162	MDC	1800	1930	
211.161	MDC	1800	1930	
211.174	MDC	1800	1930	
211.165	MDC	1800	1930	
210.210	MDC	1800	1930	
191.26	MDC	1800	1930	
191.20	MDC	1800	1930	
191.22	MDC	1800	1930	
191.21	MDC	1800	1930	
210.234	MDC	1800	1930	

HANDHELD VIDEO

File Name	Facility Folder	Sub-folder
ES831201500CEMDCUOF1815UOF#4068-20.MP4	ESU	UOF- August

ID BODY CAMERA VIDEO

User ID	Source	Recorded Date & Time	UOF#/COD#/NON-UOF#

Total DVDs Burned: _____

Page 1 of 2

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FACILITY BODY CAMERA VIDEO

User ID	Source	Recorded Date & Time	UOF#/COD#

191.49

191.36

209.215

209.206

209.233

209. 238

213.252

211.157

211.162

211.161

211.174

211.165

210.210

191.26

191.20

191.22

191.21

210.234

Total DVDs Burned: _____

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